



Form FP 6 Rev. 12/97

*The Commonwealth of Massachusetts***Department of Fire Services
Office of the State Fire Marshal**

P.O. Box 1025, State Road, Stow, MA 01775

APPLICATION FOR PERMIT

Date: _____ 19 _____

Permit No _____

(City or Town)

(If Applicable)

In accordance with the provisions of M.G.L. Chapter 148, as

provided in Section _____ application is hereby made

by _____

(Full name of person, Firm or Corporation)

Address _____

(Street or P.O. Box)

(City or Town)

For permission to _____

State clearly
purpose for
which permit
is requested

Name of competent operator _____

(If Applicable)

Cert. No. _____

Date Issued-rejected _____

19 _____

By _____

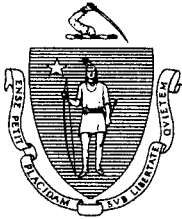
(Signature of Applicant)

Date of expiration _____

19 _____

Fee \$ _____ Paid _____ Due _____

Cut



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Office of the State Fire Marshal**

P.O. Box 1025, State Road, Stow, MA 01775

PERMIT

Date: _____ 19 _____

Permit No _____

(City or Town)

(If Applicable)

In Accordance with the provisions of M.G.L. Chapter 148 as provided in _____

This Permit is granted to: _____

(Full name of person, Firm or Corporation)

for _____

DIG SAFE NUMBER
M.G.L. C. 82, S. 40

Start Date _____

Restrictions: _____

at _____

(Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid \$ _____

This Permit will expire _____

19 _____

(Signature of official granting permit)

(Title)

THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES